FOR BOARD USE ONLY	
Amount Submitted	
Date	
Receipt #	



FOR BOARD USE ONLY	
Certificate Number	
Date Issued	
Applicant No.	

### **GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS**

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440 www.sos.state.ga.us/plb/pels/

APPLICATION FOR CERTIFICATE AS AN ENGINEER IN TRAINING

**Application Fee \$20 (non-refundable)** 

**License Type: ENGINEER IN TRAINING** 

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):

Method Obtained by Applicant is applying		e reference	d license by	: Examination	า	
Name as desired on	License:					
		First		1iddle	Last	
Name as shown on e (if different)	exam reco	ords or trans	scripts			
,		First	V	1iddle	Last	
Social Security Nur	nber	Date of Bir	th			
Physical Address _						
P.C		and Street acceptable	Apt. No	City/State	e	Zip
Mailing Address						
(if different)	Number a	and Street	Apt. No	City/State	9	Zip
Telephone Number Day	<del></del> :	Telephone Number Evening		E-Mail A	ddress	
Affiliation: Name of firm						
Physical Address _						
•	Number a	and Street acceptable	Apt. No	City/State	•	Zip
Mailing Address						
(if different)	Number a	and Street	Apt. No	City/State	9	Zip

NOTE TO APPLICANT: This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

#### STATE OF GEORGIA

## BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

SCHOOLS OF SCIENCE OR TECHNOLOGY

#### ATTACH PHOTO HERE

Please use photo taken within the last 90 days

The photo should be clear, may be black and white or color, and should be sized to fit the space on the application

**BOARD USE ONLY**
Date Rec'd
Fee Rec'd
Re-Application: Date Rec'd Certificate No Date Issued

# APPLICATION FOR CERTIFICATION ENGINEER-IN-TRAINING

				-	DATE	
FOR USE <u>ONLY</u> BY SEN ACCREDITATION BOAI	IORS IN ENGINEERING RD FOR ENGINEERING	S AND ENGINEERING TI AND TECHNOLOGY	ECHNOLOGY PROGRA	MS WHICH HAVE B	EEN ACCREDI	FED BY THE
FULL NAME						
	(FIRST)	(MIDDLE)	(LAST)	(SOCIAL S	SECURITY NO.*	)
PERMANENT MAILING	ADDRESS					
CITY	7		STATE		ZIP	
DAYTIME PHONE #	BIRT	HPLACE	DATE OF BIRTH	U.S. CITIZ	ZEN : YES	NO*
APPLICANT MUST ANS	WER ALL FOUR (4) QUI	ESTIONS_		*SUBMIT COPY OF	REGISTRATION	I CARD
IF YES, WHAT TYPE AP	IED TO THIS BOARD P PLICATION? (Circle type US OF THAT APPLICATION			LS	NO	
	TRE BY ANY BOARD OF	TO YOU BEEN REVOKE AGENCY IN GEORGIA ain on a separate sheet.			ONED, OR HAVI	E YOU EVER
HAVE YOU SERVED IN	THE ARMED FORCES	OF THE U.S.? (Circle One)	YES NO	IF SO, GIVE DATES		
HAVE YOU EVER BEEN (Circle One) YES NO		LED NOLO CONTENDER luding where and how the ca				,
TRA	NSCRIPT (SHOWING TH	LICANT MUST REQUEST HE DEGREE AND THE D CERTIFICATION OR FO	ATE GRANTED) <u>DIREC</u>	TLY TO THE BOAR		
	Name	of Institution	Dates of Attendance	Date of Graduation	Curriculum	Degree of Certificate
HIGH SCHOOL						
_ ~ ~ ~ ~ ~						

<sup>\*</sup> THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A.  $\S$  19-11-1 & O.C.G.A.  $\S$  20-3-295, 42 U.S.C.A.  $\S$  551 & 20 U.S.C.A.  $\S$  101.

LIST BELOW <u>FIVE</u> REFERENCES, NOT RELATED TO YOU BY BLOOD OR MARRIAGE, OF WHOM AT LEAST THREE ARE <u>REGISTERED</u>, <u>ACTIVE</u> PROFESSIONAL ENGINEERS. ALL FIVE MUST HAVE PERSONAL KNOWLEDGE OF YOUR QUALIFICATIONS.

**CERTIFICATION BY REFERENCES:** I certify that I have been personally acquainted with applicant since the year indicated opposite my name; that I have read the foregoing statements, which so far as known to me are correct; that I believe the applicant to be of good character and repute; and I hereby recommend the applicant as entirely worthy of consideration for certification as an Engineer-in-Training in the State of Georg ia pursuant to law.

NAME (Signature; print name underneath)	ADDRESS (Include number and street name)	REG # & ST OF REG	HAVE KNOWN APPLICANT SINCE
1.			
2.			
3.			
4.			
5.			

#### **AFFIDAVIT**

	being duly sw	vorn, says that he/she is the person who is referred to in the fore	going application for certification as an
(Applicant's Name)			
Engineer-in-Training in the State of C	Georgia, and that the stateme	ents and representations therein contained are true in every respective	ect. I hereby authorize the Georgia
Board of Registration for Professional	I Engineers and Land Survey	yors to release my score to the school.	
Sworn to before me this	day of	, (year)	
State of Georgia			
County of			
	<del></del>	(Signature of Applicant)	(Date)
		(B)	(=)
		NOTARY SEAL	
(Notary Public)		(Required)	
My Commission Expires:			
		FOR BOARD USE ONLY	